

EXHIBIT 1

Mortgage Financing Made Simple ~~- friend~~ ~~banker~~

- Thaddeus White

~~11/8/06~~ - Marcia Naseman

~~480-766-1750~~

~~480-275-7682~~

Gary Silverman, attorney for man
Reno, Nevada

\$2.8 million in Sheldon etc

3 sets of 1990 tax return

\$1.3 million income

\$5.5 million income

Christina Hamilton

Father Brunton - St. Anne's
Reno

- back with Andrea Nevada

3-4/1993

Compliments of

RON MILLER

917.887.6703

Classic MORTGAGE

divorce

- \$91K loaned

25 East Spring Valley Ave.

40 Business

Maywood, NJ 07607

surgery

- ring

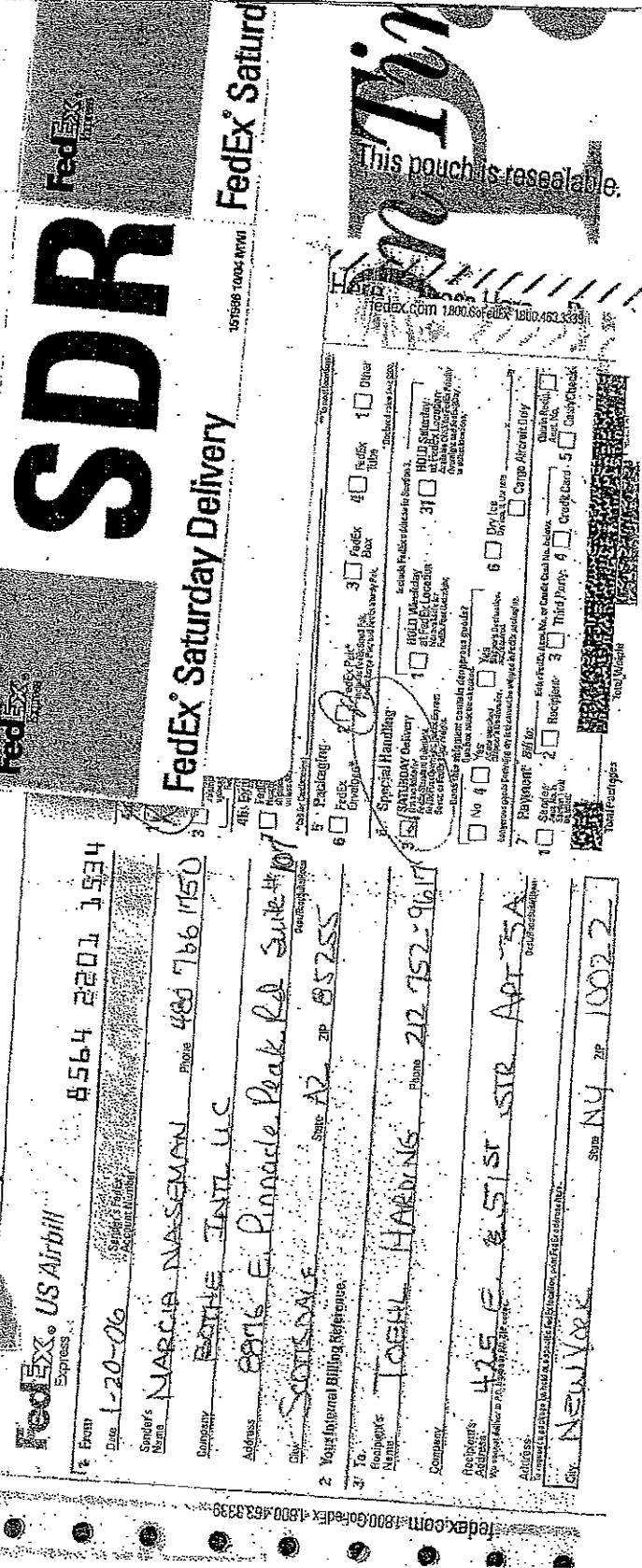
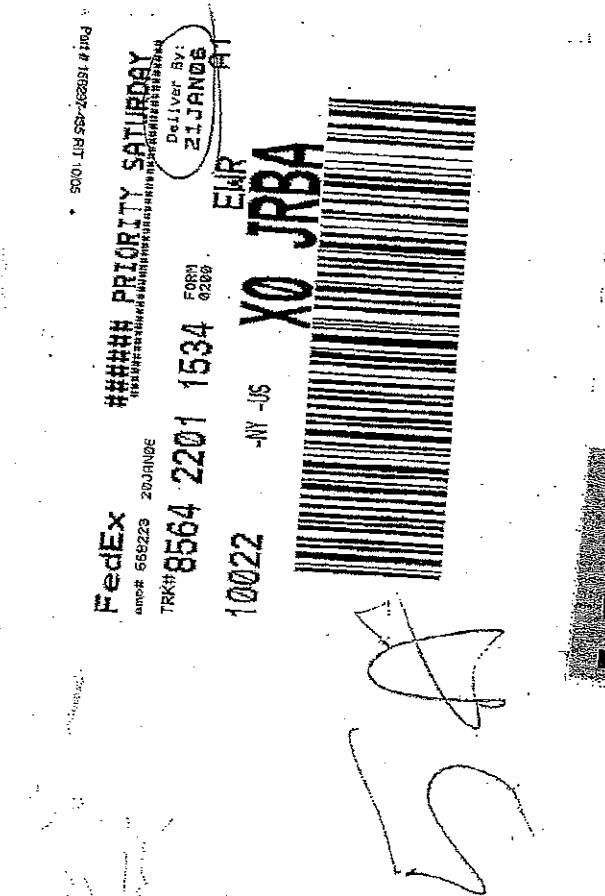
The Graybar Building
420 Lexington Ave.
New York, NY 10170

cookstreet@earthlink.net

Licensed Mortgage Bankers NY/NJ/CT/FL/MD

TH4011

EXHIBIT 2



TH955

EXHIBIT 3

Form 1040 Department of the Treasury—Internal Revenue Service
U.S. Individual Income Tax Return 1990

Label (See instructions on page 8.)	For the year Jan. 1—Dec. 31, 1990, or other tax year beginning <u>1990</u> , ending <u>1990</u>			19	OMB No. 1545-04
Your first name and initial <u>David M.</u> Last name <u>Naseman</u>			Your social security number <u>██████████</u>		
If a joint return, spouse's first name and initial <u>Tony</u> Last name <u>Hardine</u>			Spouse's social security number <u>██████████</u>		
Home address (number and street). (If you have a P.O. box, see page 9.) <u>425 EAST 51st Street</u>			Apt. no. <u>5A-6A</u>	For Privacy Act and Paperwork Reduction Act Notice, see Instructions.	
City, town or post office, state, and ZIP code. (If you have a foreign address, see page 9.) <u>New York, New York 10032</u>					
Presidential Election Campaign (See page 9.)	<input checked="" type="checkbox"/> Do you want \$1 to go to this fund? <input checked="" type="checkbox"/> If joint return, does your spouse want \$1 to go to this fund?			<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
			<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Note: Checking "Yes" not change your reduce your rate
Filing Status Check only one box.					
1	Single. (See page 10 to find out if you can file as head of household.)				
2	Married filing joint return (even if only one had income)				
3	Married filing separate return. Enter spouse's social security no. above and full name here. ►				
4	Head of household (with qualifying person). (See page 10.) If the qualifying person is your child but not your depend enter this child's name here. ►				
5	Qualifying widow(er) with dependent child (your spouse died ► 19). (See page 10.)				
Exemptions (See instructions on page 10.)					
a <input checked="" type="checkbox"/> Yourself If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a. But be sure to check the box on line 33b on page 2.					
b <input checked="" type="checkbox"/> Spouse					
c Dependents: (1) Name (first, initial, and last name) (2) Check if under age 2 (3) If age 2 or older, dependent's social security number (4) Dependent's relationship to you (5) No. of months lived in your home in 1990					
If more than 6 dependents, see instructions on page 11.					
d If your child didn't live with you but is claimed as your dependent under a pre-1985 agreement, check here ► <input type="checkbox"/> e Total number of exemptions claimed					
Income					
Attach Copy B of your Forms W-2, W-2G, and W-2P here.					
If you do not have a W-2, see page 8.					
Attach check or money order on top of any Forms W-2, W-2G, or W-2P.					
7 Wages, salaries, tips, etc. (attach Form(s) W-2) 8a Taxable interest income (also attach Schedule B if over \$400) b Tax-exempt interest income (see page 13). DON'T include on line 8a. 8b					
9 Dividend income (also attach Schedule B if over \$400) 10 Taxable refunds of state and local income taxes, if any, from worksheet on page 14					
11 Alimony received 12 Business income or (loss) (attach Schedule C) 13 Capital gain or (loss) (attach Schedule D) 14 Capital gain distributions not reported on line 13 (see page 14)					
15 Other gains or (losses) (attach Form 4797) 16a Total IRA distributions 16b Taxable amount (see page 14) 17a Total pensions and annuities 17b Taxable amount (see page 14)					
18 Rents, royalties, partnerships, estates, trusts, etc. (attach Schedule E) 19 Farm income or (loss) (attach Schedule F) 20 Unemployment compensation (insurance) (see page 16) 21a Social security benefits 21b Taxable amount (see page 16)					
22 Other income (list type and amount—see page 16) 23 Add the amounts shown in the far right column for lines 7 through 22. This is your total income ►					
24a Your IRA deduction, from applicable worksheet on page 17 or 18 24b b Spouse's IRA deduction, from applicable worksheet on page 17 or 18					
25 One-half of self-employment tax (see page 18) 26 Self-employed health insurance deduction, from worksheet on page 18 27 Keogh retirement plan and self-employed SEP deduction					
28 Penalty on early withdrawal of savings 29 Alimony paid. Recipient's SSN ►					
30 Add lines 24a through 29. These are your total adjustments ►					
31 Subtract line 30 from line 23. This is your adjusted gross income. If this amount is less than \$20,264 and a child lived with you, see page 23 to find out if you can claim the "Earned Income Credit" on line 57 ►					
Adjusted Gross Income					
31 <u>5,561,728</u>					

David M. Naseman
 Exhibit No. 10
 Date 12/12/07
 Kristen L. Wunsch, RPA

Form 1040 (1990)

Page 1

Tax Computation <small>If you want IRS to figure your tax, see instructions on page 19.</small>	32	Amount from line 31 (adjusted gross income)	32	5,561,728 19	
	33a	Check if: <input type="checkbox"/> You were 65 or older <input type="checkbox"/> Blind; <input type="checkbox"/> Spouse was 65 or older <input type="checkbox"/> Blind. Add the number of boxes checked above and enter the total here	33a		
	33b	If your parent (or someone else) can claim you as a dependent, check here	33b	<input type="checkbox"/>	
	33c	If you are married filing a separate return and your spouse itemizes deductions, or you are a dual-status alien, see page 19 and check here	33c	<input type="checkbox"/>	
	34	Enter the larger of: Your standard deduction (from the chart (or worksheet) on page 20 that applies to you), OR Your itemized deductions (from Schedule A, line 27). If you itemize, attach Schedule A and check here	34	643,143 17	
	35	Subtract line 34 from line 32	35	4,918,565 02	
	36	Multiply \$2,050 by the total number of exemptions claimed on line 6e	36	4,100 00	
	37	Taxable Income: Subtract line 36 from line 35. (If line 36 is more than line 35, enter -0-.)	37	4,914,465 02	
	38	Enter tax. Check if from: a <input type="checkbox"/> Tax Table, b <input checked="" type="checkbox"/> Tax Rate Schedules, or c <input type="checkbox"/> Form 8915 (see page 21) (If any is from Form(s) 8914, enter that amount here) ► d	38	1,377,198 20	
	39	Additional taxes (see page 21). Check if from: a <input type="checkbox"/> Form 4970 b <input type="checkbox"/> Form 4972	39	00	
40	Add lines 38 and 39	40	1,377,198 20		
Credits <small>(See instructions on page 21.)</small>	41	Credit for child and dependent care expenses (attach Form 2441)	41		
	42	Credit for the elderly or the disabled (attach Schedule R)	42		
	43	Foreign tax credit (attach Form 1116)	43		
	44	General business credit. Check if from: a <input type="checkbox"/> Form 3800 or b <input type="checkbox"/> Form (specify)	44		
	45	Credit for prior year minimum tax (attach Form 8801)	45		
	46	Add lines 41 through 45	46	00	
	47	Subtract line 46 from line 40. (If line 46 is more than line 40, enter -0-.)	47	1,377,198 20	
Other Taxes	48	Self-employment tax (attach Schedule SE)	48		
	49	Alternative minimum tax (attach Form 6251)	49		
	50	Recapture taxes (see page 22). Check if from: a <input type="checkbox"/> Form 4255 b <input type="checkbox"/> Form 8611	50		
	51	Social security tax on tip income not reported to employer (attach Form 4137)	51		
	52	Tax on an IRA or a qualified retirement plan (attach Form 5329)	52		
	53	Advance earned income credit payments from Form W-2	53		
	54	Add lines 47 through 53. This is your total tax	54	1,377,198 20	
Payments <small>Attach Forms W-2, W-2G, and W-2P to front.</small>	55	Federal income tax withheld (If any is from Form(s) 1099, check ► <input type="checkbox"/>):	55	1,116,424 46	
	56	1990 estimated tax payments and amount applied from 1989 return	56		
	57	Earned income credit (see page 23)	57		
	58	Amount paid with Form 4868 (extension request)	58		
	59	Excess social security tax and RRTA tax withheld (see page 24)	59		
	60	Credit for Federal tax on fuels (attach Form 4136)	60		
	61	Regulated investment company credit (attach Form 2439)	61		
62	Add lines 55 through 61. These are your total payments	62	1,116,424 46		
Refund or Amount You Owe	63	If line 62 is more than line 54, enter amount OVERPAID	63		
	64	Amount of line 63 to be REFUNDED TO YOU	64		
	65	Amount of line 63 to be APPLIED TO YOUR 1991 ESTIMATED TAX ►	65		
	66	If line 54 is more than line 62, enter AMOUNT YOU OWE. Attach check or money order for full amount payable to "Internal Revenue Service." Write your name, address, social security number, daytime phone number, and "1990 Form 1040" on it	66	210,573 74	
	67	Estimated tax penalty (see page 25)	67	100	
	Sign Here	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	Keep a copy of this return for your records.	Your signature <i>Janice M. Farman</i>	Date 4-14-91	Your occupation <i>Attorney - at - Law</i>	
Paid Preparer's Use Only	Spouse's signature (if joint return/BOTH must sign) <i>Sheila Hardin</i>	Date 4-14-91	Spouse's occupation <i>Vice President & General Counsel</i>	Preparer's social security no. Check if self-employed <input type="checkbox"/>	
	Preparer's signature <i>Janice M. Farman</i>	Date 4-14-91	EL No. ZIP code		
	Firm's name (or yours if self-employed) and address —				

3 Employer's ID # 13-3247448	4 Employer's state ID # BBON31290107	5 Employer's social sec. # ██████████	6 Advance EIC payment 0.00	7 Federal income tax withheld 23,092.82	8 Copy Box 10 Employee FEDERAL TAX WITHHELD
<input checked="" type="checkbox"/> Standard Deduction <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Retirement <input type="checkbox"/> Health <input type="checkbox"/> Other <input type="checkbox"/> None	<input type="checkbox"/> Deferred Compensation <input type="checkbox"/> Health <input type="checkbox"/> Retirement <input type="checkbox"/> Other <input type="checkbox"/> None	<input type="checkbox"/> Allocated tips 0.00	9 10 Wages, tips, other comp. 150,253.43	11 Social sec. tax withheld 3,924.45	12 Social security wages 51,300.00
2 Employer's name, address and ZIP code INFO SOLUTIONS 4 WEST RED OAK LANE WHITE PLAINS NY 10604			13 Social security tips 0.00	14 Nonqualified plans 0.00	15 Dependent care benefits 0.00
			16 Fringe benefits included in Box 10 455.00	17 Codes explained on back of Form	
			18 Other D.00	B. - D. - 0.00 0.00 0.00	1,464.21 7,579.00 0.00
19 Employee's name, address and ZIP code TOEHL HARDING 425 EAST 51ST APT 5A NEW YORK NY 10022			20 State income tax 10,661.23	21 State wages, tips, etc. 150,253.43	22 Name of State NEW YORK
			23 Local income tax 5,221.39	24 Local wages, tips, etc. 150,171.97	25 Name of locality NEW YORK CITY
			Local income tax	Local wages, tips, etc.	Name of locality

<p>W-2 Federal Filing Copy</p> <p>Form W-2 Wage and Tax Statement 1990 (Use 1990 Copy B to be filed with Employee's Federal Income Tax Return. Department of the Treasury, Internal Revenue Service Information is being furnished to the IRS and appropriate State officials.)</p> <p>LN BROADCASTING 1370 AVE OF THE AMERICAS NEW YORK NY 10019</p>			
1 Control Number	Dept.	Corp.	Employee's use only
0000205 4DH		T	34
<p>2 Employee's name, address and ZIP code</p>			
3 Employee's ID number 62-0073400	4 Employer's state ID number 620073400	5 Employee's SSI number	6 Employee's SSN
<p>6 Salaried Personnel Feature plus X</p>			
7 Allocated tips		8 Advance EIC payment	
<p>9 Federal Income Tax 1,036,531.64</p>			
<p>10 Wages, tips, other comp. 5,188,058.75</p>			
<p>11 Social Security Tax 3,824.45</p>			
<p>12 Special Security wages 61,300.00</p>			
<p>13 Social Security tips 14 Nonqualified Pensions</p>			
<p>15 Dependent care benefits 16 Filing penalties due in due 16</p>			
<p>17</p>			
<p>18 Other</p>			
<p>19 Employee's name, address and ZIP code</p>			
<p>DAVID NASEMAN 425 EAST 51 ST NEW YORK NY 10022</p>			
21 State Income Tax \$88,740.32	22 State Income Tax \$5,186,058.75	23 Name of state New York	24 Name of state New York
25 State Workers Comp \$5,186,058.75	26 State Workers Comp \$5,186,058.75	27 Name of state New York	28 Name of state New York

DAVID M. NASEMAN		159
1370 AVENUE OF THE AMERICAS		
NEW YORK, NY 10019		
212 - 752 - 9617		
		April 14, 1991
		1-402/282
PAY TO THE INTERNAL REVENUE SERVICE		\$140,573.32
One Hundred Sixty Thousand Five Hundred Seventy-Three and ^{33/4} DOLLAR		
 Republic National Bank of New York WORLD HEADQUARTERS 425 FIFTH AVENUE NEW YORK, N.Y. 10018		
MEMO 1990 Form 1040		
35-8		
10260048286 318188309# 0159		

TH242

SCHEDULES A&B
(Form 1040)Department of the Treasury
Internal Revenue Service (F)

Schedule A—Itemized Deductions

(Schedule B is on back)

► Attach to Form 1040. ► See Instructions for Schedules A and B (Form 1040).

OMB No. 1545-0074

1990

Attachment
Sequence No. 07

Name(s) shown on Form 1040

				Your social security number	
<i>David M. Naseman and Toena Harding</i>					
Medical and Dental Expenses		Caution: Do not include expenses reimbursed or paid by others.			
1 Medical and dental expenses. (See page 27 of the Instructions.)		1			
2 Enter amount from Form 1040, line 32		2			
3 Multiply the amount on line 2 by 7.5% (.075). Enter the result		3			
4 Subtract line 3 from line 1. Enter the result. If less than zero, enter -0-		4			
Taxes You Paid		5 State and local income taxes		5 100,445.03	
(See instructions on page 27.)		6 Real estate taxes		6 11,533.75	
		7 Other taxes. (List—include personal property taxes.) ►		7 3,012.49	
		8 Add the amounts on lines 5 through 7. Enter the total		8 614,991.2	
Interest You Paid		9a Deductible home mortgage interest paid to financial institutions and reported to you on Form 1098. Report deductible points on line 10		9a 7,782.75	
(See instructions on page 27.)		b Other deductible home mortgage interest. (If paid to an individual, show that person's name and address.) ►			
		10 Deductible points. (See Instructions for special rules.)		10	
		11 Deductible investment interest (attach Form 4952 if required). (See page 28.)		11	
		12a Personal interest you paid. (See page 28.) [12a]		12a	
		b Multiply the amount on line 12a by 10% (.10). Enter the result		12b	
		13 Add the amounts on lines 9a through 11, and 12b. Enter the total		13 7,782.7	
Gifts to Charily		Caution: If you made a charitable contribution and received a benefit in return, see page 29 of the Instructions.			
(See instructions on page 29.)		14 Contributions by cash or check		14 19,989.15	
		15 Other than cash or check. (You MUST attach Form 8283 if over \$500.)		15 500.00	
		16 Carryover from prior year		16	
		17 Add the amounts on lines 14 through 16. Enter the total		17 20,389.1	
Casualty and Theft Losses		18 Casualty or theft loss(es) (attach Form 4684). (See page 29 of the Instructions.) ►		18	
Moving Expenses		19 Moving expenses (attach Form 3903 or 3903F). (See page 30 of the Instructions.) ►		19	
Job Expenses and Most Other Miscellaneous Deductions		20 Unreimbursed employee expenses—job travel, union dues, job education, etc. (You MUST attach Form 2106 if required. See Instructions.) ►		20	
(See instructions on page 30 for expenses to deduct here.)		21 Other expenses (investment, tax preparation, safe deposit box, etc.). List type and amount ►		21	
		22 Add the amounts on lines 20 and 21. Enter the total		22	
		23 Enter amount from Form 1040, line 32.		23	
		24 Multiply the amount on line 23 by 2% (.02). Enter the result		24	
		25 Subtract line 24 from line 22. Enter the result. If less than zero, enter -0-		25	
Other Miscellaneous Deductions		26 Other (from list on page 30 of Instructions). List type and amount ►		26	
Total Itemized Deductions		27 Add the amounts on lines 4, 8, 13, 17, 18, 19, 25, and 26. Enter the total here. Then enter on Form 1040, line 34, the LARGER of this total or your standard deduction from page 20 of the Instructions		27 633,163.1	

For Paperwork Reduction Act Notice, see Form 1040 Instructions.

Schedule A (Form 1040) 19

Schedules A&B (Form 1040) 1990

OMB No. 1545-0074

Page

Name(s) shown on Form 1040. (Do not enter name and social security number if shown on other side.)

Your social security number

David M. Neesman and Terri Hoagwood

Attachment
Sequence No. 1

Schedule B—Interest and Dividend Income

Part I
Interest
Income(See
instructions
on pages 13
and 30.)

If you received more than \$400 in taxable interest income, or you are claiming the exclusion of interest in series EE U.S. savings bonds issued after 1989 (see page 31), you must complete Part I. List ALL interest received in Part I. If you received more than \$400 in taxable interest income, you must also complete Part III. If you received as a nominee, interest that actually belongs to another person, or you received or paid accrued interest securities transferred between interest payment dates, see page 31.

Interest Income

Amount

1 Interest income. (List name of payer—if any interest income is from seller-financed mortgages, see instructions and list that interest first.) ►

Republic National Bank of New York
Republic National Bank of New York140,073 4
54,502 4

1

2 Add the amounts on line 1. Enter the total

2 214,576 4

3 Enter the excludable savings bond interest, if any, from Form 8815, line 14. Attach Form 8815 to Form 1040

3 -

4 Subtract line 3 from line 2. Enter the result here and on Form 1040, line 8a ►

4 214,576 4

Part II
Dividend
Income(See
instructions
on
pages 13 and
31.)

If you received more than \$400 in gross dividends and/or other distributions on stock, you must complete Part and III. If you received, as a nominee, dividends that actually belong to another person, see page 31.

Dividend Income

Amount

5 Dividend income. (List name of payer—include on this line capital gain distributions, nontaxable distributions, etc.) ►

Merrill Lynch, Pierce, Fenner & Smith
L.W. Broadcasting Corporation3,459 4
1,870 2

5

6 Add the amounts on line 5. Enter the total

6 5,330 4

7 Capital gain distributions. Enter here and on Schedule D ►

7

8 Nontaxable distributions. (See the Inst. for Form 1040, line 9.)

8

1,093 17

9 Add the amounts on lines 7 and 8. Enter the total

9 1,093 17

10 Subtract line 9 from line 6. Enter the result here and on Form 1040, line 9 ►

10 4,236 9

* If you received capital gain distributions but do not need Schedule D to report any other gains or losses, see Instructions for Form 1040, lines 13 and 14.

Part III
Foreign
Accounts
and
Foreign
Trusts(See
instructions
on page 31.)

If you received more than \$400 of interest or dividends, OR if you had a foreign account or were a grantor of, or a transferor to, a foreign trust, you must answer both questions in Part III.

Yes N

11a At any time during 1990, did you have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? (See page 31 of the Instructions for exceptions and filing requirements for Form TD F90-22.1.)

b

b If "Yes," enter the name of the foreign country ►

12 Were you the grantor of, or transferor to, a foreign trust that existed during 1990, whether or not you have any beneficial interest in it? If "Yes," you may have to file Form 3520, 3520-A, or 926

For Paperwork Reduction Act Notice, see Form 1040 Instructions.

U.S. Government Printing Office: 1990—265-058

Schedule B (Form 1040) 19

TH245



Republic National Bank of New York
 452 Fifth Avenue • New York, New York 10018
 MEMBER FDIC
 E.I.N. NO.13-2774727

1990

FORM 1099 - INT.

RECIPIENT'S ID. NO.

R-031
 DAVID M NASEMAN
 TOEHL HARDING
 425 EAST 51ST ST
 APT 5A
 NEW YORK NY 10022

STATEMENT OF INTEREST INCOME--RETAIN FOR INCOME TAX PURPOSES

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction will be imposed on you if this income is taxable and the IRS determines that it has not been reported.

Please read the instructions on the reverse side of this form and review the information listed below. Should you notice any error or discrepancies, please contact your branch or call us at (212) 944-9616 IMMEDIATELY.

BR. NO.	ACCOUNT NUMBER	ACCOUNT TYPE	1 INTEREST EARNED	2 EARLY WITHDRAWAL PENALTY	4 FEDERAL INCOME TAXES WITHHELD
031	318181371	IMDA	54,502.61	0.00	0.00
TOTALS			54,502.61	0.00	0.00

SUBSTITUTE FORM 1099-INT.
 U.S. TREASURY DEPT.
 INTERNAL REVENUE SERVICE
 OMB NO. 1345-0113

TH246



Republic National Bank of New York
 452 Fifth Avenue • New York, New York 10018
 MEMBER FDIC
 E.I.N. NO.13-2774727

1990-

FORM 1099 - INT.

RECIPIENT'S ID. NO.

R-031
 DAVID NASEMAN
 C/O LIN BROADCASTING
 1370 AVENUE OF THE AMERICAS
 32ND FLOOR
 NEW YORK NY 10019

STATEMENT OF INTEREST INCOME---RETAIN FOR INCOME TAX PURPOSES

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction will be imposed on you if this income is taxable and the IRS determines that it has not been reported.

Please read the instructions on the reverse side of this form and review the information listed below. Should you notice any error or discrepancies, please contact your branch or call us at (212) 944-9616 IMMEDIATELY.

BR. NO.	ACCOUNT NUMBER	ACCOUNT TYPE	1 INTEREST EARNED	2 EARLY WITHDRAWAL PENALTY	4 FEDERAL INCOME TAXES WITHHELD
031	318188309	IMDA	160,073.83	0.00	0.00
TOTALS			160,073.83	0.00	0.00

SUBSTITUTE FORM 1099-INT.
 U.S. TREASURY DEPT.
 INTERNAL REVENUE SERVICE
 OMB NO. 1545-0112

RNBTB

TH247



Tax Reporting Statement

ACCOUNT # 891-46551	F/C # 1020	PAGE # 1	SS# OR TAX ID [REDACTED]
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MS TOEHL HARDING
425 EAST 51 ST STREET APT 5 A
NEW YORK NY 10022-6449

**1990 CONSOLIDATED TAX REPORTING STATEMENT
1099 FORMS**

** 10022-6449

MERRILL LYNCH, PIERCE,
FENNER & SMITH, INC.
ONE LIBERTY PLAZA
165 BROADWAY
NEW YORK, NY 10080

FEDERAL IDENTIFYING NUMBER
13-5674085

CASH ACCOUNT
FOR SERVICE CALL:
1-800-ML-HELPS
1-800-658-3577

SUMMARY OF 1990 REPORTABLE ACTIVITY

**DIVIDENDS AND OTHER DISTRIBUTIONS
OMB NO. 1545-0110**

1099-DIV

	AMOUNT
1A GROSS DIVIDENDS AND OTHER DISTRIBUTIONS ON STOCK.....	\$3,459.90 *
1B ORDINARY DIVIDENDS.....	\$3,459.90
1C CAPITAL GAIN DISTRIBUTIONS.....	\$0.00
1D NON-TAXABLE DISTRIBUTIONS.....	\$0.00
1E INVESTMENT EXPENSES INCLUDED IN LINE 1A.....	\$0.00
2 FEDERAL INCOME TAX WITHHELD.....	\$0.00
3 FOREIGN TAX PAID.....	\$0.00
4 FOREIGN COUNTRY OR U.S. POSSESSION -	\$0.00
5 LIQUIDATION DISTRIBUTIONS - CASH.....	\$0.00
6 LIQUIDATION DISTRIBUTIONS - NON-CASH.....	\$0.00

* LINE 1A IS THE SUM OF LINES 1B, 1C, 1D AND 1E. FOR MORE INFORMATION
REGARDING THIS AMOUNT, PLEASE REFER TO THE MERRILL LYNCH BOOKLET ENTITLED
"AN EXPLANATION OF YOUR CONSOLIDATED 1990 TAX REPORTING STATEMENT"

**INTEREST INCOME
OMB NO. 1545-0112**

1099-INT

	AMOUNT
1 INTEREST ON BONDS AND CERTIFICATES OF DEPOSIT.....	\$0.00 *
2 EARLY WITHDRAWAL PENALTY.....	\$0.00
3 U.S. SAVINGS BONDS, ETC.....	\$0.00 *
4 FEDERAL INCOME TAX WITHHELD.....	\$0.00
5 FOREIGN TAX PAID.....	\$0.00
6 FOREIGN COUNTRY OR U.S. POSSESSION -	\$0.00
* YOUR TOTAL REPORTABLE INTEREST IS THE SUM OF LINES 1 AND 3.	\$0.00
* INVESTMENT EXPENSES INCLUDED IN LINE 1.....	\$0.00

**ORIGINAL ISSUE DISCOUNT
OMB NO. 1545-0117**

1099-OID

	AMOUNT
1 TOTAL ORIGINAL ISSUE DISCOUNT(FOR 1990).....	\$0.00 *
3 EARLY WITHDRAWAL PENALTY.....	\$0.00
** FOR MORE INFORMATION REGARDING THIS AMOUNT, PLEASE REFER TO THE MERRILL LYNCH BOOKLET ENTITLED "AN EXPLANATION OF YOUR CONSOLIDATED 1990 TAX REPORTING STATEMENT" **	

**GROSS PROCEEDS FROM DISPOSITIONS OF SECURITIES
OMB NO. 1545-0715**

1099-B

	AMOUNT
2 GROSS PROCEEDS LESS COMMISSIONS.....	\$0.00
4 FEDERAL INCOME TAX WITHHELD.....	\$0.00

-000004244

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanctions will be imposed on you if any of this income is taxable and the IRS determines that it has not been reported.

TH248

PAYER'S name, street address, city, state, and ZIP code LIN BROADCASTING CORPORATION C/O BANK OF AMERICA, N.T. & SA AS DIVERSING AGENT BOX 37002 - DEPT 69016 SAN FRANCISCO CA 94137		1a <input checked="" type="checkbox"/> (If checked)	
		1b OMB No. 1545-0110	1c 1990
		1d Dividends and Distributions	1e Statement for Recipients of
PAYER'S Federal identification number 91-1379052	RECIPIENT'S identification number ██████████	1f Capital gain distributions \$ 0.00	1g Nonresident alien 1093-17
RECIPIENT'S name and address DAVID M NASEMAN 425 EAST STAPTA NEW YORK NY 10022		1h Investment expenses \$ 0.00	1i Federal income tax withheld \$ 0.00
		1j Foreign tax paid \$ 0.00	1k Foreign country or U.S. possession ██████████
		1l Liquidation Distributions	
Account number (optional) C 9802 29235		1m Cash \$ 0	1n Noncash (fair market value) \$ 0

Form 1099-DIV

Department of the Treasury - Internal Revenue Service

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a response penalty or other sanction may be imposed on you if this dividend income is taxable and the IRS determines that it has not been reported.

TH249

SCHEDULE D
(Form 1040)

Department of the Treasury
Internal Revenue Service (0)
Name(s) shown on Form 1040

Capital Gains and Losses
(And Reconciliation of Forms 1099-B for Bartering Transactions)
► Attach to Form 1040. ► See Instructions for Schedule D (Form 1040).
► For more space to list transactions for lines 2a and 9a, get Schedule D-1 (Form 1040).

OMB No. 1545-03

1990Attachment
Sequence No. 11

DAVID M. Nastman and Toch Hargrove

Your social security number

1 Enter the total sales of stocks, bonds, other securities, and real estate transactions reported to you for 1990 on Forms 1099-B and 1099-S (or on substitute statements). If this total is not the same as the total of lines 2c and 9c, column (d), attach a statement explaining the difference. (Do not include on this line amounts from Form 1099-S if you reported them on another form or schedule.) See Instructions for line 1.

Part I Short-Term Capital Gains and Losses—Assets Held One Year or Less

(a) Description of property (Example, 100 shares 7 1/2% preferred of 'Z' Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Sales price (see instructions)	(e) Cost or other basis (see instructions)	(f) LOSS If (e) is more than (d), subtract (d) from (e)	(g) GAIN If (d) is more than (e), subtract (e) from (d)
--	--------------------------------------	----------------------------------	---------------------------------------	--	---	---

2a Stocks, Bonds, Other Securities, and Real Estate. Include Form 1099-B and 1099-S Transactions. See Instructions.

2b Amounts from Schedule D-1, line 2b (attach Schedule D-1)

2c Total of All Sales Price Amounts.

Add column (d) of lines 2a and 2b ► 2c

2d Other Transactions (Do NOT include real estate transactions from Forms 1099-S. Report them on line 2a.)

3 Short-term gain from sale or exchange of your home from Form 2119, line 10 or 14c	3	
4 Short-term gain from installment sales from Form 6252, line 22 or 30	4	
5 Net short-term gain or (loss) from partnerships, S corporations, and fiduciaries	5	
6 Short-term capital loss carryover from 1989 Schedule D, line 29	6	
7 Add lines 2a, 2b, 2d, and 3 through 6, in columns (f) and (g)	7	
8 Net short-term gain or (loss). Combine columns (f) and (g) of line 7	8	

Part II Long-Term Capital Gains and Losses—Assets Held More Than One Year

9a Stocks, Bonds, Other Securities, and Real Estate. Include Form 1099-B and 1099-S Transactions. See Instructions.

110 Common shares of L-3-88	3-5-90	\$14,512	10	\$7,205	00	9,317	10
-----------------------------	--------	----------	----	---------	----	-------	----

L-3-88
Broadcasting Corp.

112 Common shares of L-3-88	11-29-90	\$11,721	27	\$7,991	00	3,730	27
-----------------------------	----------	----------	----	---------	----	-------	----

L-3-88
Broadcasting Corp.

9b Amounts from Schedule D-1, line 9b (attach Schedule D-1)

9c Total of All Sales Price Amounts.

Add column (d) of lines 9a and 9b ► 9c \$28,313 37

9d Other Transactions (Do NOT include real estate transactions from Forms 1099-S. Report them on line 9a.)

10 Long-term gain from sale or exchange of your home from Form 2119, line 10 or 14c	10	
11 Long-term gain from installment sales from Form 6252, line 22 or 30	11	
12 Net long-term gain or (loss) from partnerships, S corporations, and fiduciaries	12	
13 Capital gain distributions	13	
14 Gain from Form 4797, line 7 or 9	14	
15 Long-term capital loss carryover from 1989 Schedule D, line 36	15	
16 Add lines 9a, 9b, 9d, and 10 through 15, in columns (f) and (g)	16	
17 Net long-term gain or (loss). Combine columns (f) and (g) of line 16	17	\$13,117 37

For Paperwork Reduction Act Notice, see Form 1040 Instructions.

Schedule D (Form 1040) 1990

TH251

SCHEDULE D
(Form 1040)Department of the Treasury
Internal Revenue Service (0)
Name(s) shown on Form 1040**Capital Gains and Losses**
(And Reconciliation of Forms 1099-B for Bartering Transactions)► Attach to Form 1040. ► See Instructions for Schedule D (Form 1040).
► For more space to list transactions for lines 2a and 9a, get Schedule D-1 (Form 1040).

OMB No. 1345-00

1990Attachment
Sequence No. 12

Your social security number

DAVID M. NASSMAN and Tochil HANNA

1 Enter the total sales of stocks, bonds, other securities, and real estate transactions reported to you for 1990 on Forms 1099-B and 1099-S (or on substitute statements). If this total is not the same as the total of lines 2c and 9c, column (d), attach a statement explaining the difference. (Do not include on this line amounts from Form 1099-S if you reported them on another form or schedule.) See Instructions for line 1 1

Part I Short-Term Capital Gains and Losses—Assets Held One Year or Less

(a) Description of property (Example, 100 shares 7% preferred of "Z" Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Sales price (see instructions)	(e) Cost or other basis (see instructions)	(f) LOSS If (e) is more than (d), subtract (d) from (e)	(g) GAIN If (c) is more than (d), subtract (e) from (c)
---	--------------------------------------	----------------------------------	---------------------------------------	--	---	---

2a Stocks, Bonds, Other Securities, and Real Estate. Include Form 1099-B and 1099-S Transactions. See Instructions.

2b Amounts from Schedule D-1, line 2b (attach Schedule D-1)

2c Total of All Sales Price Amounts.

Add column (d) of lines 2a and 2b ► 2c

2d Other Transactions (Do NOT include real estate transactions from Forms 1099-S. Report them on line 2a.)

3	Short-term gain from sale or exchange of your home from Form 2119, line 10 or 14c 3					
4	Short-term gain from installment sales from Form 6252, line 22 or 30 4					
5	Net short-term gain or (loss) from partnerships, S corporations, and fiduciaries 5					
6	Short-term capital loss carryover from 1989 Schedule D, line 29 6					
7	Add lines 2a, 2b, 2d, and 3 through 6, in columns (f) and (g) 7 ())					
8	Net short-term gain or (loss). Combine columns (f) and (g) of line 7 8					

Part II Long-Term Capital Gains and Losses—Assets Held More Than One Year

9a Stocks, Bonds, Other Securities, and Real Estate. Include Form 1099-B and 1099-S Transactions. See Instructions.

110 common stock of	1-3-88	3-5-90	\$14,592	10	\$7,365.00		
LNU Broadcasting Corp.						9,387	11
112 common shares of	1-3-88	11-29-90	\$11,721	27	\$7,991.00		
LNU Broadcasting Corp.						3,730	2

9b Amounts from Schedule D-1, line 9b (attach Schedule D-1)

9c Total of All Sales Price Amounts.

Add column (d) of lines 9a and 9b ► 9c \$28,313 37

9d Other Transactions (Do NOT include real estate transactions from Forms 1099-S. Report them on line 9a.)

10	Long-term gain from sale or exchange of your home from Form 2119, line 10 or 14c 10					
11	Long-term gain from installment sales from Form 6252, line 22 or 30 11					
12	Net long-term gain or (loss) from partnerships, S corporations, and fiduciaries 12					
13	Capital gain distributions 13					
14	Gain from Form 4797, line 7 or 9 14					
15	Long-term capital loss carryover from 1989 Schedule D, line 36 15					
16	Add lines 9a, 9b, 9d, and 10 through 15, in columns (f) and (g) 16 ())					
17	Net long-term gain or (loss). Combine columns (f) and (g) of line 16 17 \$13,117 37					

For Paperwork Reduction Act Notice, see Form 1040 Instructions.

Schedule D (Form 1040) 1990

TH252

Schedule D (Form 1040) 1990

Attachment Sequence No. 12A

Page :

Name(s) shown on Form 1040. (Do not enter name and social security number if shown on other side.)

DAVID M. NASEMAN and TONIA HARDING

Your social security number

Part III Summary of Parts I and II

18 Combine lines 8 and 17, and enter the net gain or (loss) here. If the result is a gain, stop here and also enter the gain on Form 1040, line 13

18 13,117 37

19 If line 18 is a (loss), enter here and as a (loss) on Form 1040, line 13, the smaller of:

19 (

- a The (loss) on line 18; or
- b (\$3,000) or, if married filing a separate return, (\$1,500)

Note: When figuring whether line 19a or 19b is smaller, treat both numbers as if they were positive.

Go on to Part IV if the loss on line 18 is more than \$3,000 (\$1,500, if married filing a separate return), OR if taxable income on Form 1040, line 37, is zero.

Part IV Capital Loss Carryovers from 1990 to 1991

Section A.—Carryover Limit

20 Enter taxable income from Form 1040, line 37. (If Form 1040, line 37 is zero, see instructions for amount to enter.)

20

Note: For lines 21 through 36, enter all amounts as positive numbers.

21

21 Enter the loss on line 19

22

22 Enter the amount on Form 1040, line 36

23

23 Combine lines 20, 21, and 22. If zero or less, enter 0

24

24 Carryover Limit. Enter the smaller of line 21 or line 23

Section B.—Short-Term Capital Loss Carryover to 1991

(Complete this section only if there is a loss on both line 8 and line 19. Otherwise, go on to Section C.)

25 Enter the loss on line 8

25

26 Enter the gain, if any, on line 17

26

27 Enter the amount on line 24

27

28 Add lines 26 and 27

28

29 Short-term capital loss carryover to 1991. Subtract line 28 from line 25. If zero or less, enter 0

29

Section C.—Long-Term Capital Loss Carryover to 1991

(Complete this section only if there is a loss on both line 17 and line 19.)

30 Enter the loss on line 17

30

31 Enter the gain, if any, on line 8

31

32 Enter the amount on line 24

32

33 Enter the amount, if any, on line 25

33

34 Subtract line 33 from line 32. If zero or less, enter 0

34

35 Add lines 31 and 34

35

36 Long-term capital loss carryover to 1991. Subtract line 35 from line 30. If zero or less, enter 0

36

Part V Election Not to Use the Installment Method (Complete this part only if you elect out of the installment method and report a note or other obligation at less than full face value.)

37 Check here if you elect out of the installment method > 38 Enter the face amount of the note or other obligation > 39 Enter the percentage of valuation of the note or other obligation >

Part VI Reconciliation of Forms 1099-B for Bartering Transactions

(Complete this part if you received one or more Forms 1099-B or substitute statements reporting bartering income.)

Amount of bartering income from Form 1099-B or substitute statement reported on form or schedule

40 Form 1040, line 22

40

41 Schedule C (Form 1040)

41

42 Schedule D (Form 1040)

42

43 Schedule E (Form 1040)

43

44 Schedule F (Form 1040)

44

45 Other form or schedule (Identify) (if nontaxable, indicate reason—attach additional sheets if necessary):

45

46 Total (add lines 40 through 45)

46

Note: The amount on line 46 should be the same as the total bartering income on all Forms 1099-B and substitute statements received for bartering transactions.

EXHIBIT 4

New York State Department of Taxation and Finance

Resident Income Tax Return

New York State • City of New York • City of Yonkers

For the year Jan. 1 - Dec. 31, 1990, or fiscal tax year beginning

IT-20

For office use only

Last name Kasimmo, David M. and Headmo, Toshie	First name and middle initial (if joint return, enter both names)	Your social security number ██
Mailing address (number and street or rural route) 425 East 51st Street	Apartment number 5A-6A	Spouse's social security number ██
City, village or post office New York, New York	State NY	New York State county of residence New York
ZIP code 10022		School district name MANHATTAN
In the space below, print or type your permanent home address within New York State if it is not the same as your mailing address above (see instructions, page 20).		School district code number 309
Permanent home address (number and street or rural route)		Apartment number
City, village or post office	State	ZIP code
NY		If taxpayer is deceased, enter first name and date of death ██

(A) Filing status

check one box:

- ① Single
- ② Married filing joint return
(enter spouse's social security number above)
- ③ Married filing separate return
(enter spouse's social security number above)
- ④ Head of household (with qualifying person)
- ⑤ Qualifying widow(er) with dependent child

(B) Did you itemize your deductions on your 1990 federal income tax return? Yes No (C) Can you be claimed as a dependent on another taxpayer's federal return? Yes No

(D) If you use a paid preparer and do not want New York tax forms mailed to you next year, check box

(E) Enter the number of exemptions claimed from your federal return, line 5e

Enter your income items and total adjustments exactly as they appear on your federal return (see instructions, page 10).		
1	Wages, salaries, tips, etc.	1 5,329,797 31
2	Taxable interest income	2 214,576 41
3	Dividend income	3 46,236 91
4	Taxable refunds of state and local income taxes (also enter on line 24 below)	4
5	Alimony received	5
6	Business income or (loss) (attach copy of federal Schedule C, Form 1040)	6
7	Capital gain or (loss) (attach copy of federal Schedule D, Form 1040)	7 13,117 31
8	Capital gain distributions not reported on line 7	8
9	Other gains or (losses) (attach copy of federal Form 4797)	9
10	Taxable amount of IRA distributions	10
11	Taxable amount of pensions and annuities	11
12	Rents, royalties, partnerships, estates, trusts, etc. (attach copy of federal Schedule E, Form 1040)	12
13	Farm income or (loss) (attach copy of federal Schedule F, Form 1040)	13
14	Unemployment compensation (insurance)	14
15	Taxable amount of social security benefits (also enter on line 25 below)	15
16	Other income (see instructions, page 10) Identify:	16
17	Add lines 1 through 16	17 5,561,729 11
18	Total federal adjustments to income (see instructions, page 11) Identify:	18 00
19	Subtract line 18 from line 17. This is your federal adjusted gross income	19 5,561,729 19
New York Additions: (see instructions, page 11)		
20	Interest income on state and local bonds (but not those of New York State and local governments within the state)	20
21	Public employee 414(h) retirement contributions (see instructions, page 11)	21
22	Other (see instructions, page 11) Identify:	22
23	Add lines 19 through 22	23 5,561,729 19
New York Subtractions: (see instructions, page 12)		
24	Taxable refunds of state and local income taxes (from line 4 above)	24
25	Taxable amount of social security benefits (from line 15 above)	25
26	Interest income on US government bonds	26
27	Pension and annuity income exclusion	27
28	Other (see instructions, page 12) Identify:	28
29	Add lines 24 through 28	29 00
30	Subtract line 29 from line 23. This is your New York adjusted gross income (if you claimed the standard deduction on your federal return, skip lines 31 through 45 and enter the line 30 amount on line 40 on the back page)	30 5,561,729 19

New York Adjusted Gross Income

TH255

IT-201 (1990) (back)

If you itemized your deductions on federal Form 1040, fill in lines 31 through 45 and continue on line 46.

Tax Computation			
31 Medical and dental expenses (from federal Schedule A, line 4).....		31	00
32 Taxes you paid (from federal Schedule A, line 8).....		32	614, 991 27
33 Interest you paid (from federal Schedule A, line 13).....		33	7, 782 75
34 Gifts to charity (from federal Schedule A, line 17).....		34	20, 389 15
35 Casualty and theft losses (from federal Schedule A, line 18).....		35	00
36 Moving expenses (from federal Schedule A, line 19).....		36	00
37 Job expenses and most other miscellaneous deductions (from federal Schedule A, line 25).....		37	00
38 Other miscellaneous deductions (from federal Schedule A, line 26).....		38	00
39 Total itemized deductions (from federal Schedule A, line 27).....		39	643, 163 17
40 State, local and foreign income taxes included on line 32 (see Instructions).....		40	600, 445 03
41 Subtract line 40 from line 39.....		41	43, 018 14
42 Other adjustments (see Instructions, page 14).....		42	00
43 Line 41 and add or subtract line 42.....		43	43, 018 14
44 Itemized deduction adjustment (if line 30 is more than \$100,000, see Instructions, page 14; all others enter "0" on line 44).....		44	21, 509 07
45 Subtract line 44 from line 43. This is your itemized deduction.....		45	21, 509 07
46 Enter the amount from line 30 on the front page (this is your New York adjusted gross income).....		46	5, 541, 797 3
47 Check appropriate box and enter the larger of: <input type="checkbox"/> your standard deduction from Instructions, page 15, or <input checked="" type="checkbox"/> your itemized deduction from line 45.....		47	21, 509 0
48 Subtract line 47 from line 46.....		48	5, 541, 289 3
49 Dependent exemptions (from line c of Dependent Exemption Worksheet, Instructions page 15).....		49	—
50 Subtract line 49 from line 48. This is your taxable income.....		50	5, 540, 289 2
51 New York State tax on line 50 amount (use New York State Tax Table on yellow pages 29 through 36).....		51	435, 379 9
52 NY State child and dependent care credit (number of qualifying persons) (and in 1990) amount of federal credit for child and dependent care <input type="checkbox"/> x 20% (20).....		52	0
53 New York State household credit (from Table I, II or III, Instructions page 16).....		53	0
54 Other New York State credits (from Form IT-201-ATT, line 7; attach form).....		54	0
55 Add lines 52, 53, and 54.....		55	0
56 Subtract line 55 from line 51 (if line 55 is more than line 51, enter "0").....		56	435, 379 9
57 Other New York State taxes (from Form IT-201-ATT, line 15; attach form).....		57	0
58 Add lines 56 and 57. This is the total of your New York State taxes.....		58	435, 379 9
59 City of New York resident tax (use City of NY Tax Table on white pages 37—44).....		59	214, 225 47
60 City of NY household credit (from Table IV, V or VI, page 17).....		60	00
61 Subtract line 60 from line 59 (if line 60 is more than line 59, enter "0").....		61	214, 225 47
62 City of New York nonresident earnings tax (attach Form NYC-203).....		62	0
63 Other city of New York taxes (from Form IT-201-ATT, line 19; attach form).....		63	0
64 City of Yonkers resident income tax surcharge (from Yonkers worksheet, page 18).....		64	0
65 City of Yonkers nonresident earnings tax (attach Form Y-203).....		65	0
66 Part-year city of Yonkers resident income tax surcharge (attach Form IT-360).....		66	0
67 Add lines 61 through 66. This is the total of your city of New York and city of Yonkers taxes.....		67	214, 225 4
68 If you want to Return a Gift to Wildlife, enter amount: \$5, \$10, \$20, other (see Instructions, pages 9 and 18).....		68	10 0
69 Add lines 58, 67 and 68. This is the total of your New York State, city of New York and city of Yonkers taxes, and Gift to Wildlife.....		69	451, 815 4
70 Real property tax credit (from Form IT-214, line 17; attach form).....		70	0
71 Total New York State tax withheld (attach wage and tax statements to front).....		71	409, 401 55
72 Total city of New York tax withheld (attach wage and tax statements to front; see Instructions).....		72	189, 445 41
73 Total city of Yonkers tax withheld (attach wage and tax statements to front; see Instructions).....		73	0
74 Estimated tax paid/Amount paid with Form IT-370.....		74	0
75 Add lines 70 through 74. This is the total of your payments.....		75	598, 846 9
76 If line 75 is more than line 69, enter amount overpaid (also complete line 77 or 78, or both).....		76	0
77 Amount of line 76 to be refunded to you.....		77	0
78 Amount of line 78 to be applied to your 1991 estimated tax.....		78	0
79 If line 75 is less than line 69, enter amount you owe (do not send cash; make check or money order payable to NY State Income Tax; write your social security number and 1990 income tax on it).....		79	52, 958 4
80 Estimated tax penalty (see Instructions, page 19).....		80	00
Payments		• Attach Copy 2 of your wage and tax statements to the front of this return; see Instructions.	
Refund/Overpayment		• Sign your return below.	
Paid Preparer's Use Only		Preparer's signature	Date
		<input type="checkbox"/> Check if self-employed	
		Firm's name (or yours, if self-employed)	
		Preparer's social security number	
Address		Employer identification number	
Sign Your Return		Your signature <i>David M. Vosman</i> Date 4-14	
		Spouse's signature (if joint return) <i>Deborah Vosman</i> Date 4-14	

3 Employer's ID #	4 Employer's state ID #	5 Employee's social sec. #	6 Advances EIC payment	9 Federal income tax withheld	10 Copy for City or Loc Tax Department
13-3247448			0.00	23,092.82	12 Social Security wages 51,300.00
6 Employee's name, address and ZIP code	7 Allocated tips	10- Wages, tips, other comp.	11 Social sec. tax withheld	13 Dependent care benefits	
INFO SOLUTIONS 4 WEST RED OAK LANE WHITE PLAINS NY 10604	0.00	150,253.43	3,924.45	0.00	
19 Employee's name, address and ZIP code	BBON31290107	16 Fringe benefits incl. in Box 10	17 Cedars Hospital on backer		
TOEHL HARDING 425 EAST 51ST APT 5A NEW YORK NY 10022		455.00	B - 1,464.21 D - 7,979.00 O.00 O.00 O.00		
24 State income tax	25 State wages, tips, etc.	26 Name of State		OMB 1545-0008 YEAR 19	
10,661.23	150,253.43	NEW YORK		FOLD, TEAR OR PIN	
27 Local income tax	28 Local wages, tips, etc.	29 Name of locality			
5,221.39	150,171.97	NEW YORK CITY			
Local income tax	Local wages, tips, etc.	Name of locality			

Employee's and Employer's copy compared

Form W-2 Wage and Tax Statement

1 Employer ID number	62-0573860	4 Employee's state ID number	5 Employee's SIA number
2 Employee's name	TOEHL HARDING	6 Bus. emp./Domestic	7 Person not working
7 Allocated tips		8 Advances EIC payment	9 Federal income tax
10 Wages, tips, other comp.	1,020.511.64	10 Wages, tips, other comp.	11 Social Security tax
12 Social Security wages	5,185,058.75	12 Social Security wages	13 Social Security tips
14 Nonqualified plans	51,300.00	15 Dependent care benefits	16 Fringe benefits incl. in Box 10
17		18 Other	

Form W-2 Wage and Tax Statement (1990, one No. tax doc. Copy 2 to be filed with employee's STATE Income Tax Return. Employer's and Employee's copy retained .)

1 Control Number Dept. Corp. T Employee use only
2 000205 ADD 34

3 LIN BROADCASTING
130 AVE OF THE AMERICAS
NEW YORK NY 10019

4-15

18 Employee's name, address and ZIP code	DAVID M. NASEMAN TOEHL HARDING 425 EAST 51ST STREET NEW YORK, NY 10022		
21 State income tax	22 Fringe benefits, tips	23 Name of state	24 Name of locality
398,740.32	5,185,058.75	NY 12,102	NEW YORK
27 Local income tax	28 Local wages, tips	29 Name of locality	
184,224.02	5,185,058.75		

DAVID M. NASEMAN
TOEHL HARDING
425 EAST 51ST STREET
NEW YORK, NY 10022

N.Y. State Income Tax \$ 52,958.

Fifty-Two Thousand Nine Hundred Fifty-Eight £ 47/100 DOUBT

April 14, 1991

Republic National Bank of New York
WORLD HEADQUARTERS
425 FIFTH AVENUE
NEW YORK, N.Y. 10018

Memo 1990 Income Tax; Quinn, Jr. Y for concur

0000152 0260048284 318181371#